



Checkup September 2023  
Jennifer Black CEO

# Today

QAMH



Our work



Wellbeing First

qamh

# About QAMH

- Peak Body for the Community Managed Mental Health Sector in Queensland
- Around 125 members
- Member of Community Mental Health Australia
- Representation for and capacity building function for the sector





## QAMH Projects

- Community Mental Health Workforce Strategy
- Peer Scholarships Program
- Psychosocial Peak Body
- Community Mental Health Industry Connectors
- Wellbeing First Innovation Hub



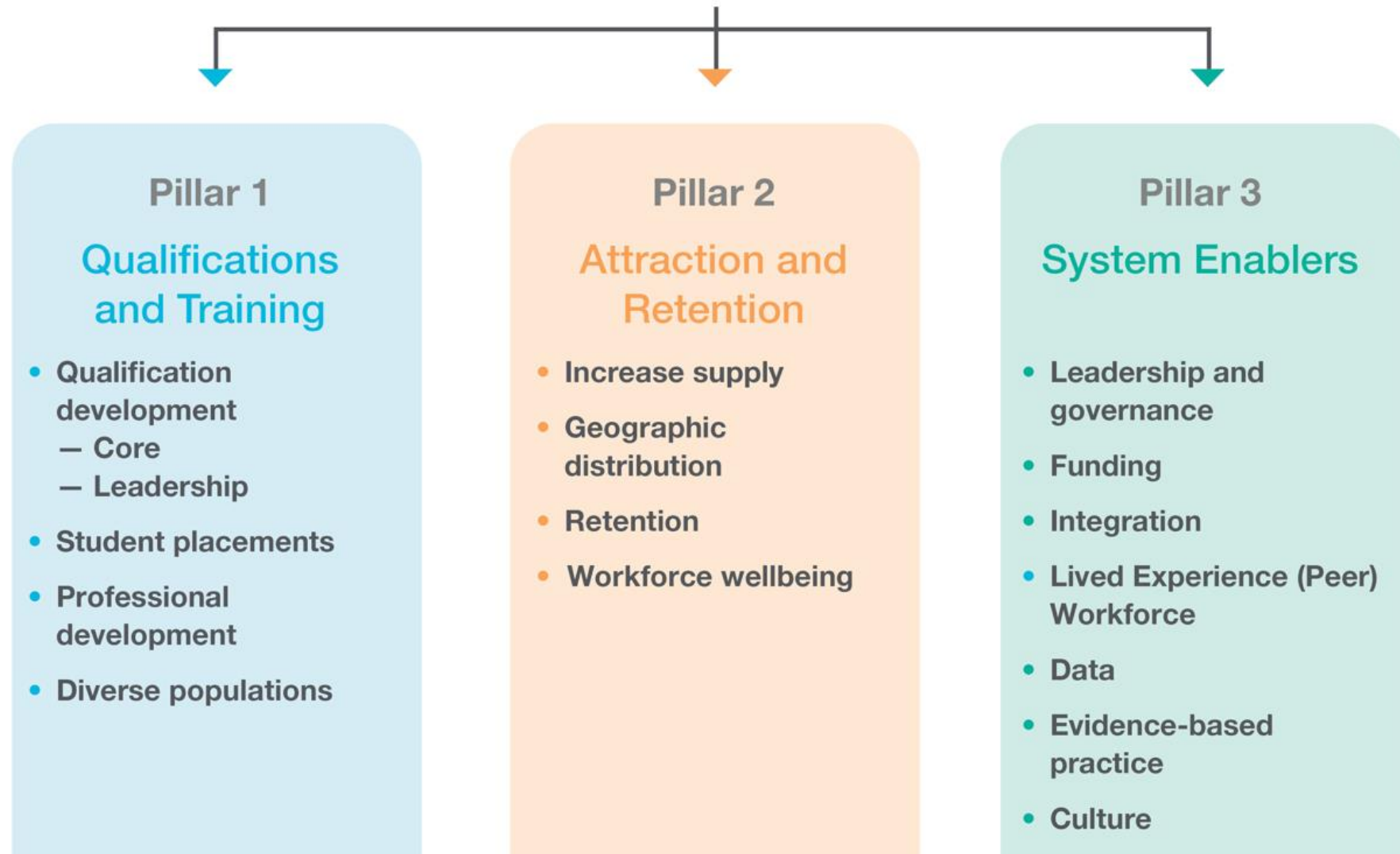
## Workforce Strategy

- **Background** – partnered with Queensland Health to develop a Workforce Strategy and Core Competency Framework
- **Issues Paper** – finalised February 2023
- **State-wide consultation sessions** -  
Townsville, Bundaberg, Ipswich, Brisbane ,  
Cairns, Mt Isa, online
- Targeted groups
- Ad hoc one-on-one interviews
- Total 188 people



# Community Mental Health and Wellbeing Sector

## Workforce Issues



## Next steps

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Finalise Draft Strategy and Core Competency Framework – PAC and MHAOD Branch  
October/November

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Consultation period – seeking submissions

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Final version published early 2024

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Develop accompanying Action Plan – February 2024

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Seeking further funding to implement the Strategy from early 2024

# Peer Scholarships Program

The Australian Government has committed to strengthening and growing the mental health and suicide prevention Lived Experience Workforce by funding a number of scholarships across the country to support people to undertake the **Certificate IV Mental Health Peer Work**.

- QAMH have been contracted by QMHC to deliver these scholarships
- Queensland has received 178 scholarships in total.
- 60 scholarships will be allocated in 2023 and 118 in 2024.

## Specifically, the scholarship package includes:

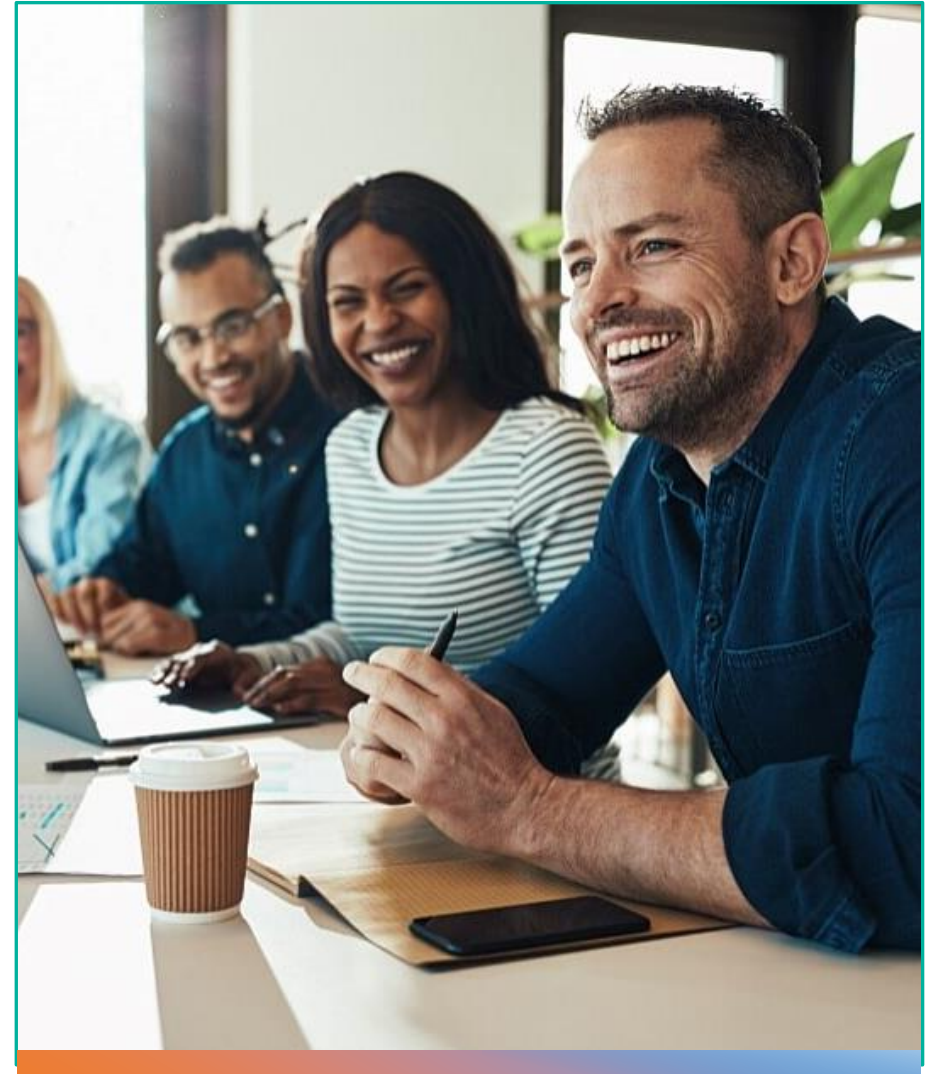
- ✓ Payment of up to \$4000 (via invoice directly to your chosen Training Organisation) towards the course fees of a full time or part time course
- ✓ Payment of up to \$1000 to support attendance and study material for the full duration of the course
- ✓ The opportunity to participate in additional mentoring and co-reflection sessions





# Mental Health Industry Connector

- Grant Queensland Care Consortium
- Strengthen link from training to industry
- Certificate IV Mental Health
- Aim to improve relevance and completion rate of students.
- Project begins early Oct.



## Psychosocial Peak Body

- Funded through State - DSDSATSIP
- Peak body for psychosocial disability (NDIS focus)
- Wayfinding –website and advice
- Network established for people with psychosocial disability
- Advocacy to government
- Community Awareness raising

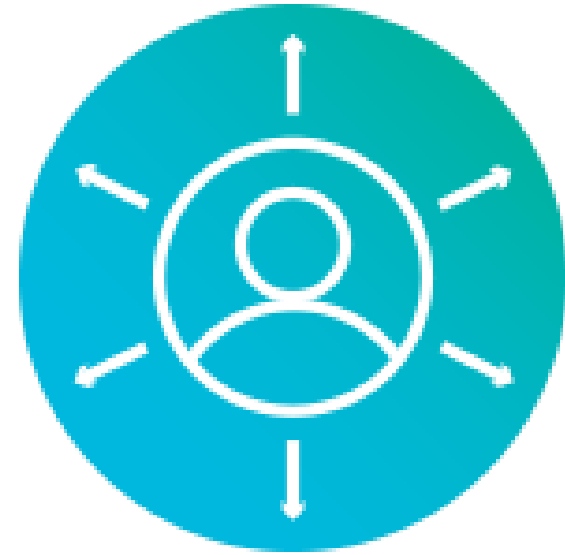


# Recent QAMH Policy Work

- NDIS review
- National Safety and Quality mental Health Standards Guide
- Recognition of unpaid carers
- Disability Services and Inclusion Bill
- Queensland VET Strategy
- Inquiry into the worsening rental crisis in Australia
- NDIS Quality and Safeguarding Framework

# Advocacy Work

- Federal Govt and CMHA
- State government relations
- Committees
- Member forums
- CEO forums



# QAMH Advocacy

October 2023

Key message?

**Funding increase**

**Psychosocial gap**

**Workforce**



May evolve as budget update and June 2024 budget is released

## JULY 2021



Queensland  
Alliance  
FOR MENTAL HEALTH

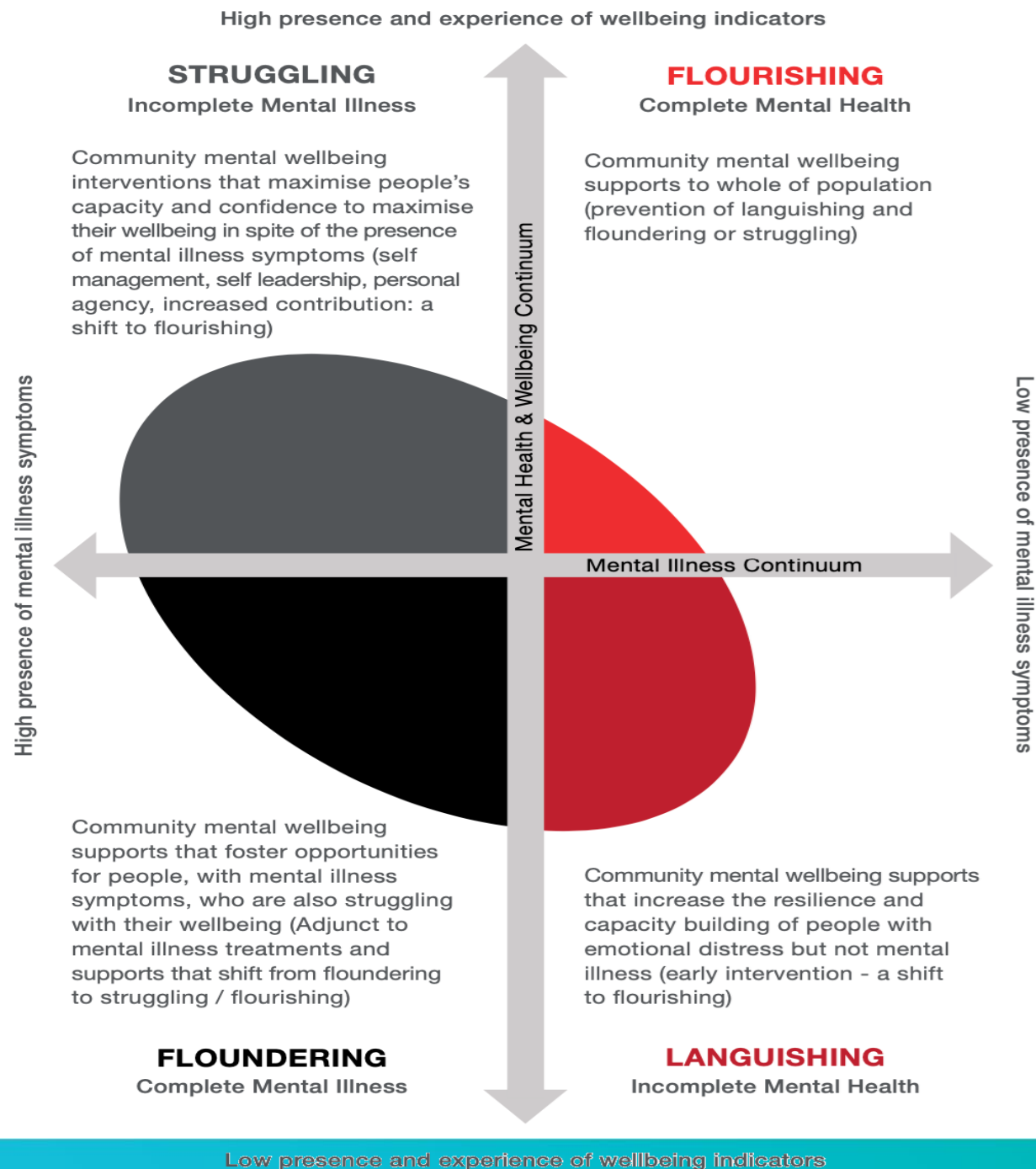
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# Wellbeing First

- Wellbeing First Report launched July 2021
  - Vision for sector
  - Call to action
- Govt advocacy
- Practice principles
- Innovation hub
  - Design thinking training
  - Coaching around own service design





## Core Beliefs and Service Principles

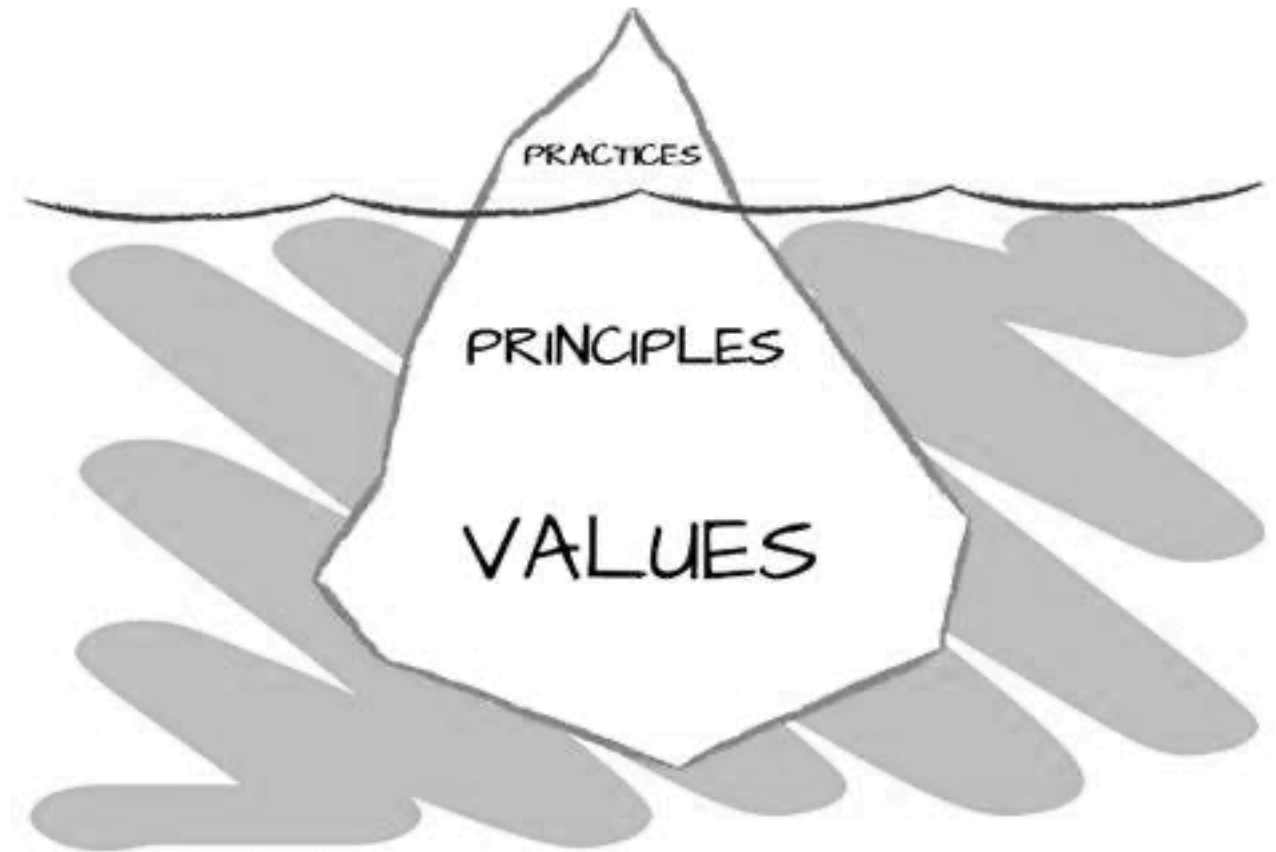
### Core Beliefs

1. People flourish when their local community connections are relevant, real, and authentic and exist primarily outside service provision.
2. People flourish when they have meaningful roles and responsibilities and opportunities to contribute within their chosen community.
3. Individuals flourish when communities come together to foster collective wellbeing based on local need.
4. Mental Health is not the absence of mental illness.
5. Not all mental distress requires a medical response.
6. A diagnosis of mental illness does not preclude aspirations for recovery and opportunities to flourish.
7. Mental wellbeing services are fundamentally different to those that address mental illness.

### Service Principles

#### A Wellbeing First Service:

8. Provides opportunities for people to access help early in distress within their community rather than waiting until they are in crisis.
9. Recognises it cannot empower or motivate people but provides opportunities for people to reclaim their own power, voice, and direction.
10. Prides itself on its customer service philosophy.
11. Is never static, constantly repositioning and evaluating what it offers people, against flourishing wellbeing indicators.
12. Intentionally partners with local naturally occurring community resources and does not seek to duplicate them.
13. Is not the primary solution to people's mental wellbeing but provides useful tools and opportunities for people to flourish.
14. Considers itself as a guest and never a permanent fixture in a person's life.
15. Sees the person as the team leader and the service provider is accountable to that team leader.
16. Specialises in providing coaching opportunities where people can experience, develop, and sustain their autonomy, adaptability, and personal agency.
17. Actively resists providing support responses that seek to maintain a status quo in a person's life.
18. Has no exclusion criteria for entry.



### CONTACT

Jennifer Black

CEO, Queensland Alliance for Mental Health

✉ admin@qamh.org.au

☎ 07 3394 8480

💻 www.qamh.org.au



# Wellbeing First Innovation Hub



*How might we design  
“Wellbeing First”  
opportunities /programs that provide  
brilliant & specialised flourishing  
opportunities?*



THE  
**DESIGN TEAM**

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Ideas questions or comments?